

9/21/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JUPITER REHAB AND HEALTH CENTER LLC

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Jupiter Rehab and Health Center LLC

SECOND: The Florida Document number of the limited liability company is: _____

THIRD: Document to be corrected is: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article 8, has the incorrect individual and capacity listed. Leopold Friedman should be removed.

The Correct information is as follows: Member: Jupiter Rehab Holding Partners LLC.

1000 Gates Ave, 5th Fl, Brooklyn, NY 11221

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The document was incorrectly signed by Leopold Friedman. Sam Gutman is the correct authorized signer.

OR

- ☒ The electronic transmission of the record was defective.



Signature of Authorized Representative

Date

Signature of new registered agent, if applicable. (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
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